

# 7 Child and Family Welfare

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# Child and Family Welfare

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No. 4

## MATERNAL AND CHILD HYGIENE



### "A VIGNETTE"

DRAWN BY A REGINA  
VICTORIAN ORDER NURSE

"How much does a Mr. Doctor and a Mrs. Nurse Cost?" inquired the alert, anxious New Canadian of Serbian extraction. The visiting nurse was making a pre-natal visit at the request of the Social Worker. The home, in the outskirts of the city, consisted of

three rooms, scrupulously clean, pathetically bare but with an air of thriftiness.

The beds, with huge feather pillows and "ticks" were clean and white, and bits of gay peasant embroidery decorated shelves and walls.

The wife, a big, dark-eyed, good looking young woman was expecting her fourth baby. She spoke very little English, so the pre-natal visit was made to the husband!

The cost of the coming event seemed to be the chief concern of both man and wife. An old woman of the neighbourhood,— "A midnight nurse," the husband called her, had attended the three previous confinements and given what post-partum care the mother had, but she cost too much now and there was no money to pay! No doctor had ever been called for the family, and when the nurse suggested that one be called now, the expectant mother was horrified and the husband quite decided that such a piece of extravagance must not be considered. The nurse explained that she did not attend confinements without a doctor in this country, which didn't add to her prestige with the family— hadn't the "old woman" had hundreds by herself!

After considerable talking, with the aid of hands and signs, the nurse went off, feeling that she hadn't done much toward establishing the value of modern scientific medicine, but with the firm resolve that this woman was going to have medical and nursing care when her baby was born.

Several days later she returned to renew the attack. This time she took with her a pretty, inexpensive layette, which delighted the young mother, and after further discussion with the husband he reluctantly promised to take his wife to see a doctor. Next week the nurse again visited and was delighted to find that the visit to the doctor had actually been made. So now plans for the confinement must be considered. Again, there was surprise and opposition. The "old

woman" didn't need "This and that,"—"too much trouble—too much cost." However, in the end, a fairly adequate supply of paper pads, sterile dressings and clean basins was collected, and surprisingly enough, quite impressed both parents.

The time of the confinement arrived and the doctor and nurse were called. The room and patient were prepared, some anaesthesia was given, and in a short time the wailing of another New Canadian greeted the ears. The grateful mother smiled her thanks for the help—she had never had any anaesthetic before. Each visit during the post-partum period was an interesting lesson. The whole family watched the baby's bath and heard about regular hours, cleanliness, sunshine, fresh air and many other health topics which the nurse worked in.

By this time her theories were accepted and her word was law. Best of all she didn't cost as much as the "old woman."

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### HEALTH JURISDICTION : CANADA AND BRITAIN.

In considering the comparative established practices of Great Britain, the United States of America and Canada in the centralization of health administration under Government control, one important fact has to be borne in mind which differs in Great Britain from the existing conditions and methods of tax collection in the United States and in Canada.

In Great Britain, a very large proportion of the taxes collected from the owners of buildings and tenants in the municipalities is collected by the *central* Government authority, while in the United States and in Canada it is collected directly either by the municipality itself or, in some provinces, on an equalized assessment between the municipality and the province.

As a result of this long-established practice in Great Britain, the central Government authority refunds each year to the counties and burroughs, certain amounts of money for the conduct of certain public services, such as hospitals for the treatment of tuberculosis and other diseases, maintenance of clinics for tuberculosis, mental and venereal diseases, etc., but, formerly through the Local Government Board and now through the British Ministry of Health at present, the central authority maintains Divisions of Mental Hygiene; Social diseases, Tuberculosis, etc., because conditional to the grants refunded to the municipalities, the Central Authority imposes certain definite instructions as to the number of employees, nurses, doctors, inspectors, etc., per population who must be retained within the municipality, as well as the number of beds in the institutions per population to be supplied. The central authority even indicates the health systems to be followed within the different municipalities, and unless these are complied with, does not pay the municipality the refund. The municipality has to submit, for investigation, its proposed program, and funds covering 50% of the cost of the items concurred in, are then provided by the central governing body through the British Ministry of Health.

The Divisions above mentioned are maintained for this direct control of the general health programme as applied to all the population in the United Kingdom, and are not educational alone in their type.

In the United States there is not a single division of services (which is) maintained under General Cumming, Director of the United States Public Health Service, even for educational purposes, in the fields of child hygiene; venereal diseases; mental diseases; tuberculosis, etc. These, with the exception of Child Hygiene, are left in the hands of national organizations insofar as the nation-wide-program is concerned. There is a Division of Maternal and Child Hygiene in the Children's Bureau within the Department of Labour, —more sociological in scope and function than medical, and educational not administrative. In the United States, it is expected that the administration and direction of programmes along the above mentioned special lines, will be carried out under the supervision and expert opinion of the State authorities and in turn by the municipality or county authorities.

This is a very important difference of practice in the United States and Great Britain fundamentally based upon the collection of funds to pay. As in the United States, Canada has a similar federal form of government and collection of taxes and maintenance of services by Federal, Provincial and municipal bodies respectively. It should be recognized, from the above, that in the United States and Canada, the Federal authorities do not collect taxes in the municipalities for expenditure within the municipalities, or within the Provinces for expenditure on health services; therefore no federal practice has been established of handing back to the municipalities through the provinces, any percentage of their health expenditure requirements each year. One result is that the federal authority has not this direct effective means through which dictation of policy, practice, and equipment can be maintained.

A question naturally arises then as to whether possibly the United States system and practice would fit in more acceptably to Canadian requirements than would the British system.

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## NEWS NOTES

### FERGUS BABIES ACQUIRE SILVER SPOON ON FIRST BIRTHDAY.

Every baby born to an employee of the firm of Beatty Bros., Fergus, Ontario, receives a cheque from the firm for \$25.00, a silver spoon on the first birthday, and a silver drinking cup for the second.

Baby also receives a good start in life in the matter of healthy habits, for Miss Cleavia Chant, the Industrial Nurse who delivers these goodwill offerings on the appropriate occasion is always ready to sit down for a chat with the mother on the upbringing of babies. On her first visit she delivers with the cheque a set of the post-natal letters published by this Council and writes to us that "the mothers are always very much interested in the letters and almost without exception try to carry out the advice contained in them".

With the silver spoon and cup the Council's diet folders, suitable for the baby's age, are also given, and later on the set of pre-school letters, 'Now We're Growing Up'. Fathers as well as mothers are interested and grateful for this literature, according to Miss Chant.

## IMMUNIZATION CONQUERS "THE STRANGLER".

How rapidly the incidence of diphtheria is dropping off in Canada with the wider practice of toxoid immunization is strikingly shown by figures given out by the Division of Laboratories of the Ontario Department of Health. Looking back even over the past three or four years the comparisons are striking. In 1931 the Division examined 300,000 specimens sent in by practitioners and health departments throughout the province, of which 26,255 were swabs from suspected throats for discovery of diphtheria. In 1933 the total number of specimens examined rose to 350,966 with only 13,306 swabs for discovery of diphtheria.

"Virulence" tests, which are made on swabs suspicious of diphtheria to determine whether the organism is disease producing, also show a remarkable drop in positive results indicating that diphtheria germs harboured in the nose and throat of "carriers" are generally of a less malignant type. In 1929 the Central Laboratory in Toronto performed 629 tests of which about 90 percent were positive. Up to September 15, 1934, only 64 virulence tests had been requested and only 2 of these tests gave a positive result.

The experience of other branch laboratories throughout the province has been similar. In 1931 the North Bay Branch serving the Temiskaming and Nipissing districts examined 551 swabs, and in 1933 only 169 swabs, with only 5 positive results. From the City of North Bay itself there was not one positive swab last year. The Sault Ste. Marie Branch serving Algoma, Central Algoma, and Sault Ste. Marie examined 551 swabs in 1931 and only 183 in 1933, with but 8 positive results. In the City of Ottawa the total number of swabs examined per year decreased from 10,480 in 1930 to 5,697 in 1932 and 3,629 in 1933.

Throughout the province 34,910,000 units of antitoxin were distributed in 1932, and only 12,690,000 units, little more than a third of the previous year's total, in 1933.

## MANITOBA HEALTH DEPARTMENT TEACHES HEALTH BY RADIO.

The fifth series of radio talks and dramatic presentations on health sponsored by the Manitoba Department of Health and Public Welfare are now being broadcast from Station CKY Winnipeg. The broadcasts are given twice a week on Tuesdays and Fridays, and will continue until next April. Included in the series are dramatizations in which Mr. Average Citizen is taken on a tour of health agencies in Manitoba, and a Women's Club Officer investigates what women's organizations are doing to promote better health.

## MANITOBA NURSES SPONSOR MATERNAL WELFARE INSTITUTE.

A Maternal Welfare Institute of five sessions was sponsored in Winnipeg this year by the Manitoba Association of Registered Nurses. Miss E. Cryderman, Supervisor of the Victorian Order of Nurses led the Institute and twenty-four nurses took part representing Private Duty Nursing, Public Health Nursing, Institutional Nursing, Industrial

Nursing, Life Insurance, Hospital Social Service and Out Patient Department, Bureau of Child Hygiene, Hourly Nursing organized, Municipal Health Clinic.

In addition to the leader, the following speakers addressed the sessions: Dr. A. J. Douglas, Medical Health Officer for Winnipeg; Dr. F. W. Jackson, Deputy Minister, Department of Health and Public Welfare; Dr. Ross Mitchell, Obstetrician; Miss M. Hiltz, Professor of Nutrition, University of Manitoba.

#### A NEW BATTLE WITH AN OLD DRAGON.

A smallpox vaccination campaign in the rural schools was the expedient adopted this year by Prince Edward Island Health officials to counteract an increasing tendency in the rural areas to neglect this important precaution. A similar campaign was conducted by the Provincial Red Cross five years ago, but the number of unvaccinated pupils was found to have risen this year to the alarming total of 55 per cent, under lax enforcement of the compulsory vaccination law in rural districts.

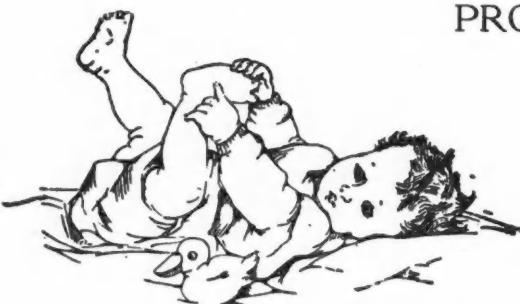
In the course of the campaign 416 rural schools were visited by the public health nurses, Chief Medical Officer and local physicians and 4,911 school and pre-school children were vaccinated, thereby reducing the proportion of unvaccinated rural school population to about 28 per cent.

#### NOVA SCOTIA JUNIOR RED CROSS ACTIVE.

Nineteen clinics for underprivileged crippled children is the proud record for the last school year of Nova Scotia's Junior Red Cross Branches. The Juniors also assisted with two additional clinics. The clinics were held in eleven provincial centers, and 421 patients were examined of whom fifteen were treated in hospital. In each center the senior red cross society, and the local Rotary Club, or Kiwanis Club gave assistance. Funds amounting to \$934.64 were raised for the crippled children's fund by the Juniors through the sale of Junior Red Cross Christmas seals. The clinics are open to underprivileged crippled children up to sixteen years of age. There are now 23,966 Juniors in Nova Scotia.



CHILD  
CARE  
AND



PROTECTION

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## A THOUSAND BABIES A YEAR AND NEVER AN INSTITUTIONAL BED

J. VERA MOBERLY,  
General Secretary, The Infants' Home, Toronto.

"Yes; that is perfectly true." Let us give you the picture of caring for the welfare of one thousand babies, a year, and all under four years of age.

People frequently visit the Infants' Home in Toronto and, after being through the "institution," ask "But, where are the babies?" We shall go and see where these babies are—Let's take a car to a residential section of the city; the door is opened by a motherly woman; we are ushered into an average home. On the veranda we find a baby playing in a play pen, and with the children of the home we find a toddler on the back lawn.

"I suppose you want to see Mary? There she is." Mary is a happy, sturdy little maid of three with bright eyes and clear, healthy skin, who, quite unabashed by strangers, comes up to tell us all the play adventures of the last few hours. Mary, two years ago, was a little, half-starved, neglected baby, suffering from various ills and afraid of everyone. The baby in the play pen also began life under a cloud but not a shadow of that cloud is visible in his happy, chubby face to-day.

We then go to a smaller home and see a tiny baby sleeping peacefully in a carriage on the front porch. Everything about the baby is sweet and clean. We are invited in by a young woman who proudly shows her little home; her husband is a street car conductor. They have no children and are "crazy" about this one, but do not want to adopt her because they hope some day to have one of their own.

We could take you to some three hundred homes, all with an "Infants' Home baby" in them. The reasons why the babies needed a home, and the reasons why the foster parents wished to take a baby, vary, but the results of their being brought together would be the same—healthy, happy babies in homes where they are the centre of attraction, and a never failing interest. In the course of a year these homes will care for from nine hundred to one thousand babies and, never an "institutional" bed. (Incidentally, the Home cares only for non-Roman Catholic and non-Sectarian groups since the Catholic Welfare

Bureau and the Jewish Philanthropies serve members of their respective faiths).

#### THE CENTRAL PLANT.

The "institution" is an organization which has a central building for offices, medical and mental hygiene clinic rooms. It has four departments of work.

- (1) A Case Work Department with two supervisors and a staff of nine social workers, where the applications are considered and advice and assistance given.
- (2) A Child Placing Department with a supervisor, assistant supervisor, three nurses and a home-finder.
- (3) A Medical Department with a full time pediatrician.
- (4) A Mental Hygiene Department with a part time psychologist; and of course the administrative services, including the clerical staff; bookkeeper and sewing woman.

The whole project is under the direction of one executive.

The present agency is not the brain child of any single person; it has taken years to develop. The need of change was borne in upon the Board some years ago by the continued difficulties, experienced in a large institution with illness, and epidemics, and a high infant mortality. These problems were complicated by the disgruntled, unreliable services rendered by the group of unmarried mothers, who were the maids in the institution. Added to these difficulties, the Board faced the continuous problem of financing with uncertain income. After the Community Chest came into existence the Board were released from this latter burden with its round of periodic collecting from door to door and other devices for raising funds. Consequently they were able to turn their attention to the internal re-organization of their actual services.

#### PLACING OUT.

After making far-spread inquiries in other countries, it was found that infants, who were boarded in private homes, showed much better development in health and physique than those retained in institutional care. The Home therefore decided to experiment with this system of care.

A few very delicate babies were first placed to test out the idea. The results were so astonishing in quick improvement in health and general appearance that the Board were convinced that this was the best way of caring for their children. In two years, all the babies were placed in private homes and the death rate had dropped from 23 per cent to 4 per cent. But even more arresting in its evidence was the changed appearance of the children, all so alert and happy.

At first the Home had to depend on the assistance of the Public Health Department for health supervision in the homes, which was given most willingly. But as the work increased the Board realized that the Home must be responsible for its own health service under a central director. Clinics were therefore established in the office building where foster mothers might bring their charges to be weighed and examined. A full time pediatrician was appointed, who now directs the whole time health programme for the Agency, visiting the foster homes

when any illness is reported, giving full physical examinations and all necessary attention at the clinics. Once a week a clinic is held for immunization.

#### THE CARE OF THE MOTHER.

There were thirty-five unmarried mothers with their babies in the old institution, so the Home had to consider some way of caring for them, since the actual building was too large to consider carrying on for so small a number, when placing out had been adopted for the care of the children. So, it was decided to try boarding the mothers out also in very carefully selected homes under the same supervision as the babies. This too was found to be far superior to the old method; for in addition to other advantages the individual attention which they received from the foster mothers filled the aching loneliness which weighed upon so many of them. They were mothered and instructed in the care of their babies. They learned how to keep a home properly and gained in health and self-respect, without the fear of many people knowing of their problem.

The experience of the years between indicates that foster mothers who have had training by caring for one of the Home's babies for at least a year make the most satisfactory foster mothers for the girls. Through their constant association with the agency's work they have become more tolerant to the unmarried mother and therefore more willing to help her. No arbitrary period has been fixed for the stay of the unmarried mother in a foster home. It varies with the case but the average is about three months. A longer period has been found expensive to the organization and otherwise unsatisfactory in that the mothers become restless and anxious to return to employment.

Since the development of the Case Work Department and foster home care the number of cases of unmarried mothers cared for has increased from 130 to 930 a year but only about 50 per cent of their babies come into the agency's boarding homes; the others remain with their mothers, with the Home giving such aid as is possible but which is felt to be inadequate because of financial limitations. With this increase of cases it was necessary to have more and ever more boarding homes. No matter what the need has been it has always been able to find sufficient homes to meet it. As a knowledge of the boarding home work has grown homes of an ever improving type are offering to take children. This has been most gratifying for the agency's experience indicates that the child's opportunity enlarges with the cultural background of the home in which it is placed.

#### SOME OBSERVATIONS FROM EXPERIENCE.

Though the aggregate given care has soared the death rate has declined to almost the vanishing point (this year there were only two deaths). Epidemics come and go through the city but the children in the care of the Home are seldom affected to any noticeable degree.

The costs are not as great as the institutional care. The institutional cost per capita per diem was \$1.25 while the cost of the present system is .87c. per capita per diem.

An agency functioning along these lines must be equipped with certain essential services, if it is to operate with efficiency and social

effectiveness. It must have trained and qualified staff in the social, psychological, medical and nursing fields.

#### MENTAL HYGIENE.

Mental Hygiene has been established as an essential science in the Home's plan of service. This department is directed by a staff psychologist who, after studying each child and the foster mother, either at the clinic or in the foster home makes recommendations as to special training for the correction of any difficulty. He confers with the workers directly interested in each child and discusses the problem of child and home, making suggestions for treatment. In some cases a child's behaviour may be due to the foster home and before placing him again a conference is held by the psychologist with the supervisors of the Child Placing Department and workers to decide upon the selection of another home for the child in question.

All children to be placed for adoption are tested and an estimate made of their normality.

#### PARENT EDUCATION.

One of the greatest aids to the understanding of the children has been the development of parent education. All workers in the Child Placing Department have taken courses in parent education,—the supervisors of foster homes in order that they may be able to teach the foster parents; the home-finders, that they may know better what a child requires in the home; and the foster parents that they may be able to deal with the every day problems with the children in their care. Parent education classes are held in the winter evenings for foster parents at the central building. These are well and regularly attended and would appear to be bearing results in better habit training in the homes. What is beyond doubt are the results of the continuous education of foster parents by the routine visiting of the supervisors. The parent education classes may stimulate the foster parents to thinking but the supervisor "drives the teaching home" when she applies the principle of example outlined in the class to the every day problems found in every home.

#### FOSTER HOME CARE.

Foster Homes must be carefully selected and sufficient in number to meet the need so that over-crowding in any one home is avoided and that each one of the many different types of children can be placed in the home most suitable to his peculiar needs.

Years of experience define the ideal foster home as one where the child is wanted for his or her own sake. The foster parents must be people of "wholesome personality" with good "emotional balance." They must have an understanding of children and recognize the need for developing each child's character and individuality, and the part they, as foster parents, have to play in this development. They must be capable of enlarging their view and embracing new ideas. They should be reasonably secure financially. Their standards of living, the location, accommodation, and cleanliness of the home and its routine, as well as considerations of health, education, general background, interest in and experience with children of the foster parents must all be taken under review.

Home finding is an art and a science. Sound judgment, tact, and understanding of a child's requirements are essential attributes of a "home-finder."

The choosing of the right home for a particular child is probably the most delicate art in social work and requires skill and good judgment, coupled with a profound knowledge of human nature for the responsibility is almost too great for any one human being to undertake—the placing of a helpless child in a home not his own.

Adequate supervision of infants from birth to three years requires nurses especially trained in pediatrics for the early years of childhood present so many physical problems, and foster mothers must be taught to observe and treat early symptoms of disorders as well as the preparation of feedings and the establishment of special routines. But unless there is understanding also of the psychological and social, as well as the physical background of the children in care, even the pediatrically trained nurse will not be a successful supervisor; this particular task calls for specially qualified workers.

#### BOARD OF MANAGEMENT.

Too often, in the work of the social agency, the contribution of the Board of Management is not sufficiently emphasized. In the development of child placing plans, one of the real difficulties is to persuade the governing body to forego the satisfaction of actually seeing the rows of dainty cots, and clean appealing babies, "set out" in their beloved institutional plant. This definite evidence of the fruit of their labours is so tangible, so stimulating. The Board of Managers of the Toronto Infants' Home would bear witness to the broader and deeper interests which freed of the details of "plant management" they have been able to develop in the problems, bring the children to their doors, and calling for solution when they leave their care; as well as in the larger question of what the agency's service must be in the community picture. Interest and knowledge are maintained through a system of committees of the Board meeting with the staff members—e.g., the Advice and Admittance Committee, (composed of Board members and social work staff, to discuss cases and decide on admittance to a foster home, or the provision of relief to the mother); the Home Finding and Child Placing Committee, (members of the staff and Board to discuss various foster home problems); the Committee on Finance, (Board, Executive and other members); the Committee on Clothing, (members of the Board and child placing staff); the Membership Committee, (Board only); the Entertainment Committee, (Board only); and the Committee on Volunteers, (Board only).

#### AN OBSERVATION CENTRE.

Although the "Infants' Home" now has not one institutional bed, the experience of these years indicates that a small observation home would be valuable as a unit to the whole system.

Personally, however, after fourteen years of experience in foster home care of children and previous experience in institutional care, nothing can persuade me that an institution has anything to offer *a normal child who needs a home*, and I submit the testimony of how this one agency meets the need of one thousand such children a year without one institutional bed.



## HEALTH OF CHILDREN HAS SUFFERED IN DEPRESSION, REPORT SHOWS.

Evidence of the appalling ravages caused by under feeding of children in the families of unemployed and low-paid workers has been submitted in a recent memorandum to the Unemployment Assistance Board of Great Britain by the "Children's Minimum Campaign Committee," a group of representative citizens connected with the Trade Union, Labour and Co-operative movements of Great Britain. Miss Eleanor Rathbone, M.P., is chairman of the committee.

The memorandum presents evidence to show that the contention that the health of children has not deteriorated, is without foundation in fact, and traverses the statement of the Chief Medical Officer of the Board of Education, who said in his last report that the incidence of malnutrition among children in 1932 was 10.7 per 1,000 routine medical inspections. The memorandum points out that in addition to children suffering from malnutrition *requiring treatment*, 13.8 per 1,000 of the children coming under routine inspection were reported as suffering from malnutrition *requiring observation*; and moreover, among the children referred for medical inspection for special reason it was discovered that the incidence of malnutrition increased from 13.3 in 1931 to 16.3 in 1932.

Reports of medical officers of health and school medical officers are cited to show that there exists far more evidence of undernourishment than official figures suggest. The point is made that the effects of under-feeding may be delayed, and that the improvement in general conditions masks the condition of unemployed families. Dr. Somerville Hastings carried out a medical inspection in West London which showed that out of 53 children in unemployed families 33 showed signs of malnutrition.

The case is proved over and over again in the medical officers' reports. Thus the report from Smethwick for 1932 attributes the rise in the maternal mortality rate from 1.95 to 5.43 per 1,000 births to malnutrition among mothers. The Wakefield report for the same year attributes to the same cause an unusual number of cases of eye affection dealt with at the school clinics. The tuberculosis officer at Sheffield reports an increase in the number of children suffering from minor tuberculosis and says there can be little doubt the increase is associated with the economic depression in the city.

As proof that proper nourishment will speedily produce improvement in health and physique a test is cited of a thousand children in large schools in the West of Scotland, who were given an additional pint of milk in their diet; this led to an increase of 20% in the rate of growth and a marked improvement in the general condition of the children.

Comparisons made between the physical development of boys of 15 in four public schools and in a South London riverside district showed that the public school boys—who were, of course, getting half as much food again and food in a more nutritious form were on an average 15 to 20 pounds heavier. Investigations made by the Newcastle city council showed that the physical condition of 125 children of the poorest classes as compared with 124 children of the professional, commercial and well-to-do classes was deplorably low: nearly 50% of the poorer children were below standard height, and more than 50% below standard weight.



## FAMILY WELFARE AND RELATED PROBLEMS

### CANADA LOOKS BACK AND AHEAD

DOROTHY KING, Acting Director, Montreal School of Social Work.

The lean years have been long years. It is not perhaps to be wondered at that, facing this fifth winter of depression, courage falters. Social workers, lay and professional, have lived with their unemployed fellows through this grimmest of tragedies, have seen so much wreckage of human minds and bodies, so much want and suffering, that faith has grown feeble. The futility of it all forces itself upon us. Destruction rather than construction appears to attend man's efforts. Have we ever done anything but 'patch'? Have we, by dealing with the consequences, helped merely to prolong the system which produces these economic evils and the misery which follows in their train?

Such thoughts come to us all. The current attitudes of hopelessness and uncertainty are not confined to those who most need our help. They are very prevalent in the discouraged ranks of our younger social workers; they exist, too, among those of us who, striving to weave the basic patterns of Canadian child and family welfare, only a few short years ago looked at our work and with a huge optimism thought it good. Once, even, we remember, some of us talked glibly about the joy of 'working ourselves out of jobs'. Such remembrances would seem a mockery today were it not for a fear which finds increasing expression, particularly by the supporters of voluntary agencies engaged in social welfare; the fear that mass methods are superseding the consideration of individual need, that mechanized systems of public assistance approximating closely to old time standards of poor relief will wipe out the more understanding, flexible services which private effort has worked so strenuously to establish. Amongst us, too, are those who, worn out perhaps by close daily contact with unspeakable misery, are urging somewhat vociferously that we discard our concern for the individual to concentrate on social reform; ignoring sometimes in the escape thus presented that in the relative choice between social case work and social reform, there is (as Mary Richmond pointed out years ago) no "either—or", but a "both" situation.

In all this uncertainty and discouragement, what are the facts? Has social work, and particularly social work under private auspices, received a knock-out blow? Have the advances made with so much effort on the part of responsible, thinking volunteer groups and their professional associates been lost? Is the case work method discredited? Are standards of care tottering, or even, in many cases, wiped out altogether?

#### THE TESTIMONY OF THE PAST

Since the past may help us to understand the present, let us review very briefly the history of organized social work in Canada, a history which for our purpose may be said to have begun during the closing years of the nineties. At the turn of the century, the Charity Organiza-

tion Society (now the Family Welfare Association) of Montreal and a similar society in Saint John, N.B., established at about the same date (1899), were the chief private agencies in Canada. They had developed as a result of the Charity Organization movement, which, starting in England with the formation of the London society in 1869, had spread rapidly through the eastern part of the United States. These organizations, with the Children's Aid Societies dating from those formed under the Ontario Children's Act of 1893, had provided a nucleus from which later social effort of various types developed. The formation of the Associated Charities of Winnipeg (1908), the Neighbourhood Workers' Association of Toronto, and the Social Service Commission of Victoria (1913), the Edmonton Board of Public Welfare, the Social Service League of Brantford, the Welfare Bureau of Ottawa (1914), are concrete instances of the importance which social welfare was assuming in the minds of the thinking citizens of the Dominion.

Then came the Great War. When it ended, the civilian social agencies of Canada were at their lowest ebb. Their personnel, boards and staffs, had shrunk; their treasuries were exhausted; had not their able-bodied men and their most capable women been drafted into war service; had they not given "right of way" to all the war funds? Social consciousness, however, was not asleep; witness, for example, the Mothers' Allowance Acts of the various provinces, most of which were products of the efforts of the war years, while in the realm of private social work is recorded in 1915, the birth, after nine years of persistent planning and effort, of the Halifax Welfare Bureau. In 1919 "reconstruction" was a word in everyone's mouth and hopes for a new social order ran high. The civil re-establishment of our veterans became our first all-absorbing interest and before we could begin to feel our way through the chaos, we found ourselves in the unemployment crisis of 1921-22. As the fog lifted we endeavoured to gather ourselves together and to take our bearings.

About this time the Canadian Council on Child and Family Welfare (then the Canadian Council on Child Welfare, founded in 1920) began to make itself felt. It filled the long existent need of knitting together groups, holding on to almost forlorn pioneer plans and projects, with those centres, where encouragement was stimulating expansion: it gradually brought together thought and knowledge from different parts of the Dominion and elsewhere, in a national effort, dealing with all phases of child care. By the close of 1929 the Council had to its credit, in addition to clearing house and advisory services of all kinds, major surveys of child welfare needs in nearly every province of Canada, including one conducted under Royal Commission for the Government of Manitoba which was followed by a complete reorganization of the Child Welfare services of that province. A like service in British Columbia had similar results and led directly to that fine development of social work agencies in Vancouver of which the Children's Aid Society, the Family Welfare Bureau of Greater Vancouver and the Vancouver Welfare Federation are outstanding examples.

Moreover, this emphasis on the needs of the child reaffirmed the belief of Canadian social workers that basic to any sound planning in the field of child care and protection must be a foundation of efficient family welfare services, and at a conference held in Ottawa in May 1929, representatives of the leading agencies of the Dominion requested

the Child Welfare Council to adapt its organization to include comprehensive Family Work. A rapid expansion of services was thus inaugurated which very shortly, inevitably, extended to the whole field of community organization.

Belonging also to this period there were other developments running parallel to those directly stimulated by the Canadian Council e.g., the establishment of the Canadian Conference of Social Work with its first meeting in Montreal in 1928 and, (to cite only a few other outstanding developments), the Council of Social Agencies and the Community Fund of Hamilton, Ontario, and the community welfare services of Windsor, Kitchener, etc. And, in the sphere of the Council's direct work, the Family Welfare Bureau of Saint John and the re-cast Children's Aid Society of Saint John, the re-organization of the Ottawa and Hamilton Children's Aid Societies, other re-organizations in Ottawa in the family and children's field and surveys in several communities.

In the meantime, the Canadian Association of Social Workers, formed in 1924, was becoming increasingly capable of safeguarding the public interest as regards the quality of service offered by the professional group of social workers, as well as affording a medium for professional discussion of common problems.

'But', says doubting Thomas, 'these were the boom years and given a well-presented cause it was easy to gain a response; it was not hard to secure the means to implement any plan which appealed to a given community. We cannot dwell in the past, particularly when the present is so insistent. What has happened, what is happening during the depression?'

#### 1930, AND SINCE.

The truth is that so much has happened, and so quickly, that within the limits of this short sketch selection is difficult. Products of the depression years are the new private family agencies set up in Montreal (Catholic Welfare Bureau) (1930), Saskatoon (1931), Regina (1932) and the amalgamation of Victoria's private family services in one association (1932). The formation of the Council of Social Agencies and Welfare Federation of the City of Vancouver (1930), of the Community Council and Federation of Catholic Charities of Montreal (1930), the Neighbourhood Services, the Council of Social Agencies and Financial Federation of Ottawa (1932) are other major advances which spring at once to the mind. Add to these the bilingual conferences arranged in Quebec (1931), Montreal (1932) and the various national conferences, including those on unemployment in Ottawa (1932 and 1933), the increasing number of publications dealing with social welfare and the constant advisory and other services requested by Governments, whose tendency throughout the depression has been to seek such help as social work can give in connection with the problems which beset them, and the evidence of the Canadian Council on Child and Family Welfare would indicate that the "lean years" have been "boom years" if demand and production are to be measuring rods.

Even a cursory glance about at the experience of executive officials elsewhere will provide similar evidence that days of despair have also been days of hope, for instance the opportunities afforded to qualified people by the Quebec Commission on Social Insurance (1931) and by

the Royal Commission on Public Welfare in Ontario (1930) for the submission of special evidence and detailed memoranda dealing with all phases of these subjects mark definite advances in the recognition of the "practice of social work." The result of many related and converging efforts is seen in a great expansion in recent months in public welfare services, many of which will be generally agreed to have been conceived along sound, forward-looking lines.

These are merely high lights in the story of our public and private social work during the past few years and, for brevity's sake, reference to the rapidly expanding health, leisure time and other related services has been omitted. We may remind ourselves, too, that this amazing growth has been fairly general throughout the country; its effects are felt from coast to coast; it is in the truest sense a nation-wide movement, based on community realization of community need.

As a record of achievement, it must stand on its merits. Plainly recounted and soberly considered, even the most prejudiced must agree that it does not suggest any lack of general interest in problems of social welfare or unwillingness to provide private support for such work, in spite of our rising taxation for relief purposes. Much of the development is very new. It has been tremendously stimulating. We have been roused to enthusiasm by the pace of it all, while recognizing in many cases the desirability of slower movement. But we believe that in the main what has been done will endure since it is rooted deeply in the sense of social responsibility and social justice of the Canadian people.

#### WHAT OF THE FUTURE?

We have still, however, to answer the forebodings of those whose major fear is for the future of the private organizations, particularly those known as 'relief-giving' agencies. We may admit at once that a number of such agencies doing good work have been rocked to their foundations; that in many cases this work has become so heavy as to involve changes of method (which, it should be stressed, does not of necessity imply lowering of standards!), that financing has not kept pace with need—how, indeed, could it?

What then of the future? In the first place we may assume that no really thoughtful person in this day and age is so reactionary as to believe that tax-supported aid to the needy is to be opposed as lying outside the function of government. As MacIvor has pointed out :— "If we want to enjoy the blessings of sheer individualism, we must abolish our educational system, our insurance system, our sanitation system, our preventive medicine, our whole economic system and especially that part of it which under the protection of the State allows the most fortunate to enjoy, with no labour of their own, the accumulated wealth of the past". Trends in social planning and social legislation serve to show that public opinion is increasingly demanding that the hazards of our industrial and economic life shall be offset by at least minimum standards of care on the level of decency and health. Thus we may hope to secure before long, government measures of health and unemployment insurance and extension of pension benefits. *It is the business of all of us who profess interest in the well-being of our fellows to strive for wisely administered State aid by competent personnel.*



*It is also incumbent on us, remembering Plato's dictum that the essence of democracy is the unequal treatment of unequal things, to recognize the limits beyond which government cannot function effectively. Beyond these limits, we are probably agreed, lies the field of the private agencies of tomorrow, and never was there more need for objective, impersonal consideration of our problems in order that we may effect intelligent co-ordination of effort—public and private—in the general cause of social welfare.*

One thing is certain—there can be no alignment of services that will meet the needs of all our Canadian communities, no general prescription that will fit every case. But we have long rendered at least lip-service to the belief that the function of the private agency is to experiment, to interpret, to assist the public agency to improve its standards and to support it by the development in the community of that informed public opinion on which the progress of social work must ultimately rest.

Can we not go a step further and say that the acid test of the good private organization of tomorrow may well be the standards of efficiency reached by the public agencies within its sphere of influence? And if today it is true that in the public welfare services we can point to cases of maladjustment and inefficiency, can we say that the private agencies are supplying leadership, vision and one hundred per cent co-operation? Here, lest we should be too concerned about possible loss of such standards of work as we have painfully built up, we shall do well to remember the numbers of our ranking trained workers who have recently "gone public" and are heading up important provincial and municipal government departments today. Dr. Cassidy, Miss Holland and Miss King in British Columbia, Miss Lawson in Manitoba, Miss Wark and Mr. Heise in Ontario and Miss Touzel in the municipal service of Ottawa are well-known social workers, all of whom took over their present heavy responsibilities during the depression years, yet they by no means exhaust the list of competent leaders drafted into the rapidly expanding public welfare services.

Such appointments, while serving to provide us all with a sense of security as regards the efficiency of public administration, increase the present challenge to private social work, for trained workers holding public positions know what they have a right to expect in the way of support. If the private agencies are found wanting, if they cannot meet the requirements of changing conditions, the very arguments for their existence fall down:—they deserve not to survive!

We readily admit the difficulties of the immediate future,—we shall do well to face them soberly. But we need not fear the outcome or overemphasize those drawbacks inherent in systems of public aid. After all, such aid is part of our British tradition, as is the co-operative venture between public and private services. It remains for us to profit by what other countries may have to offer as a result of experience and experiment, and adapt what may appear to have value for us in planning to meet Canadian needs.

For practical guidance in our present uncertainty it would seem that we cannot do better than ponder deeply and make our own the oft-quoted 'last message' to her colleagues of that valiant pioneer, Mary E. Richmond. No apology is offered for its repetition here.

"Study and develop your work at its point of intersection with the other services and social activities of your community. Learn to do your daily tasks not any less thoroughly, but to do them from the basis of the whole and with that background always in mind. After all, society is one fabric, and when you know the resources of your community both public and private, and the main trends of its life rather than any particular small section of it, you are able to knit into the pattern of that fabric the threads of your own specialty. There are eddies and flurries, not to say crazes. Disregard them and let your minds carry through to the practical next steps by which genuine social advance is achieved."

#### THE "NEXT STEPS".

On the part at least of the private agencies, these 'next steps' may have to be short steps,—very short indeed, some of the more gloomy spirits assure us, as they predict an unfavourable response to the annual financial campaigns of the Canadian "Financial Federations", now in progress. Here again, if we consider the past we may face the future with confidence, for the generosity of our citizens has always found a way to support a worthy cause. Once more the issue is squarely before private social work, depending as it does for support on the type of publicity its agencies have sponsored as interpreting their work. If material relief needs have been overstressed in the past we must now face the task of becoming more articulate in affirming that "man does not live by bread alone". The time is past when any of us dares think of human need as satisfied by minimum provision to support existence. We are increasingly aware that the good life for *all* (with all that this implies) must be our goal.

If, then, we think of the social work situation in Canada as a whole, it is probably true that our trail-blazing in its more spectacular aspects has served its purpose, and that we must not expect the rate of achievement of the past to be the measure of future progress. Each advance may be won more slowly; we suspect that for most of us the road will "wind upward all the way", but as Rabindranath Tagore has told us—

"We can look on a road from two different points of view. One regards it as dividing us from the object of our desire. In that case, we count every step of our journey as something attained by force in the face of obstruction. The other sees it as the road which leads to our destination and as such, *it is part of our goal*. It is already the beginning of our attainment and by journeying over it, we can only gain that, which in itself it offers to us."

Such attainment does not suggest any sensational happenings in the day by day task confronting us, but it is by no means incompatible with a continuing sense of high adventure. After all, the demand for immediate tangible results may be held to connote a certain immaturity, and Canadian social work should be outgrowing its adolescent stages.

## NEWS NOTES

### ONTARIO RELIEF SYSTEM INCLUDES DENTAL CARE.

Nearly 50,000 dental operations were performed, and over 20,000 patients were treated in the year ended June 30th, 1934, by the Dental Relief Services administered by the Ontario Department of Health. The Service includes extractions for the relief of pain and repairs to dentures, and is available to all persons who are in receipt of public relief of any type. The work is done by dentists in private practice on an approved scale of fees.

Under the procedure now in effect a voucher from the local relief officer must be presented to the dentist of the applicant's choice, and the dentists send their accounts with vouchers attached to the Provincial Department of Health for payment. The cost of this service for the year amounted to \$30,383.17, averaging .65 cents per operation, or \$1.44 per patient.

### UNEMPLOYMENT AND RELIEF IN ONTARIO.

H. M. CASSIDY, M.A., Ph.D.

J. M. Dent & Sons are offering a small number of remaining copies of this book at 50 cents per copy plus 8 cents postage. The book is familiar to most social workers as the only attempt to deal in detail with the administration of unemployment aid in any Canadian province since 1930. Now, with stronger emphasis being placed upon the province as the unit of major responsibility in the organization of relief administration, Dr. Cassidy's comments and suggestions, based on observation in our largest province, should command renewed interest.



## COMMUNITY ORGANIZATION

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### A RECENT REPORT ON ON A SPRING CONFERENCE

Organised social work is a comparatively recent development in the prairie provinces but it has already made commendable progress, as is evidenced by the report of the First Annual Saskatchewan Conference on Social Work, held in Regina on May 4th, 1934. The conference was arranged by the Regina Welfare Bureau, one of the most recently established of the private agencies engaged in family case work, and the other cities in the province were invited to send delegates. Over eighty delegates registered, including representatives from Moose Jaw, Swift Current, Weyburn and Saskatoon. Greetings and good wishes from other cities testified to the fact that considerable interest had been aroused in the conference throughout the province.

In planning the program a definite effort was made to have all branches of social work represented, and in particular to stress the close relationship between the public health and social services. The morning session was devoted to a discussion of child and family welfare, with papers on: "The contribution of the Church to Professional Social Work", given by the Rector of St. Mary's Roman Catholic Church—"The Place of a Family Agency in the Community's Organisation," by the Director of the Family Welfare Association of Saskatoon, and "Current Problems in Child Welfare", by the Commissioner of Child Welfare for the Province. The discussion following each paper, at both the morning and afternoon sessions, was led by a representative from a kindred agency.

A luncheon meeting was sponsored jointly by the Local Council of Women and the Welfare Bureau, at which the guest speaker, Dr. Lorette O'Connor of Humboldt gave an address on "Mental Hygiene in Child Training".

The afternoon period was devoted to a discussion of Public Health and Relief problems. The first paper, "Public Health as a Social Service" was given by the Deputy Minister of Public Health and this was followed by "Educational Aspects of Public Health" by the School Nurse from the nearby city of Weyburn. The two papers dealing with Relief problems were: "Relief Problems in Rural Municipalities", by the General Manager of the Saskatchewan Relief Commission and "Relief Problems in City Administration", by the chairman of the Civic Relief Board.

In the evening the annual meeting of the Regina Welfare Bureau was held, at which complete reports were given of the various activities of that organisation.

Our Correspondent writes: "One very gratifying feature of the Conference, apart from the good attendance, was the splendid spirit of harmony and cooperation which prevailed throughout, the feeling that these problems were common to all, and even though no solution could

*(Continued on page 23)*



## DELINQUENCY AND RELATED SERVICES

### "BOYS WILL BE BOYS"

WILLIAM G. GREEN, Superintendent, Victoria School,  
Mimico, Ontario.

Every man was once a boy, and "boys will be boys". Therefore there is a Victoria School. Please don't call it an institution—it is a school. This means that its sole purpose is to educate boys, to help them to develop in the right direction, to mould them into good citizens.

One of the most frequent and pathetic pleas which bursts from the hearts of visiting mothers is,—“Don't you think my boy has been punished long enough?” If Victoria School exists to punish lads, then close it immediately! Surely history has proved again and again that punishment as a cure for those who have a wrong outlook on life is about as effective as blood letting in curing every bodily ill. No ! Victoria is not a prison but a school and its object is to instruct and inspire lads, to develop a spirit of fair play and good citizenship and to build sound minds in healthy bodies. This task is being tackled in a scientific spirit. Our problems are being approached experimentally, observing the effects of medical treatment, the responses to instruction and calling upon what we know of psychology and psychiatry to assist in the cure.

#### THE PROBLEM.

There are three steps in our work. The first is to re-train the lad's anti-social urges, the second is to replace him in society and the third is to supervise him there until he has satisfactorily re-adjusted himself. At the present time some one hundred and sixty students live in the School and perhaps an equal number are being watched and helped to fit themselves anew into society in towns and on farms all over the Province. Lads are admitted to the School whose ages range from nine to sixteen and whose mentality may vary from that of a low grade moron to one having a superior intelligence. (I.Q.'s from 50—120). Some of our students are just incorrigibles while others have committed a whole series of crimes before being sent to the School. It will be seen therefore that ours is a complex task involving careful diagnosis and classification.

#### IN THE SCHOOL.

Upon arrival at the School a lad has an informal chat with the Superintendent first, in order that he may enter his new surroundings with some idea of the spirit of the School. A few quiet days in the infirmary follow, while various physical tests are being made. Next the lad is given a thorough mental and physical examination. He must now be placed in the various groups with which he will be associated.

1. *The Cottage Group.* With this group the boy will eat, sleep, dress, wash, play and spend his recreation hours. It is found



that the stage to which he has advanced in adolescence is the best basis for this grouping.

2. *The Academic Group.* The lad's group in this case depends upon his intelligence rating and his previous educational development.
3. *The Vocation Group.* The new boy will be allocated for vocational training according to his interest and as a result of a "try-out" scheme.

#### ORGANIZATION.

As a whole the School is organized like a technical school. The main divisions are as follows :—

- A. *Auxiliary Class.* The smaller, mentally retarded boys attend this class all day.
- B. *The Rotating Groups.* The younger and newer boys attend academic classes in the morning and try out each technical shop in turn for a week in the afternoon.
- C. *The Specialists Groups.* In these the older students specialize in one shop during the morning and take academic subjects each afternoon.
- D. *All Day Specials.* These are the older non-academically minded youths, who spend their full time acquiring a trade training.

#### DIAGNOSIS AND TREATMENT.

In addition to routine treatment, every student at regular intervals and each student as he presents a special problem, is treated as an individual patient. A diagnosis of his trouble is attempted and special treatment is prescribed. It might be of interest to detail how some of the cases are handled.

- A. *An Introvert.* This is a lad having a normal intelligence rating who is "dreaming". He could not solve the social problems presented by his home. His father, who was seldom at home, was too brilliant a man for his son to be his competitor. The mother was psychotic and unable to help her son build up normal work channels for his energy. There was little connection between his school studies and practical life. So the lad read and dreamed and found occasional outlets for his emotional drives in anti-social acts,—i.e. breaking in and stealing.

The first necessity in this case was to get the lad to take an active part in sports. He was also temporarily placed in the laundry in order to develop a habit of routine work. Before the work became automatic the lad was shifted to the woodshop, where mental and physical activity had to be co-ordinated. In addition pride of work was encouraged by this work. Later the lad was allowed to choose his own vocation and he was also stimulated to become a leader in his group.

In every case treatment such as the above is mapped out and also an attempt is made to associate the youth with that instructor who shows a special ability to help a particular type of lad.

- B. *A Sub-normal from a Poor Home.* This poor chap never had a chance to succeed in school because of his mental handicap. In sports he never had an opportunity to "shine" among normal boys. But he did find it possible to be a leader in a down town gang who sold newspapers, gambled and raided stores. Thus the lad tasted the fruits of popularity and success, and his illegal acts became a necessity to him.

The treatment for this lad was to give him every possible chance to be legitimately successful. Not too much emphasis was laid on his school work. He was placed in the leather shop and was instructed in the making of purses, belts, leather badges, slippers, or any other work in which it was easy to obtain obvious results. In the sports field he was constantly encouraged to beat his own record, rather than to compete against others. In this way confidence in himself and legitimate avenues to success were established.

- C. *A Physically Defective Lad.* This poor chap lacked an eye due to an accident in early childhood and it left him with an ugly empty socket. The lad felt himself slighted among his fellows and teachers. However he soon learned to show that he was better than other lads, by going, smartly dressed in stolen clothes and taking his chums for rides in stolen cars.

Naturally the first step in this case was to fit the lad with a glass eye. Next he was put to work in the tailor shop, for the try-out period had shown that he had an interest and ability in this particular trade. The lad's work became so outstanding that a coat made by him was put on exhibition. Finally a place in a clothing factory was found for the lad and he was paroled.

In a similar manner a lad with a leg malformation was fitted with a special boot and given an interest in life. The result in this case has been to develop a first class hotel chef.

- D. *Sex Cases.* "A" was an intelligent young man who was admitted for sex assaults. His trouble was found to be caused partly by a remedial physical defect, in which an operation helped. The lad's personal interest in people was diverted into a useful channel by teaching him the barbering trade.

Or again "B's" sex troubles were caused by his low mentality and subsequent lack of inhibitory powers. He had lacked the training a good home would have provided and no legitimate channels for emotional outflows had been built up. In this case the routine school training helped in the establishment of good habits, and gardening was prescribed so as to provide plenty of hard work with quick evidence of results.

Many other types could be described together with various treatments tried and admittedly found wanting in many cases, but also leading to success in others. This side of the School work is perhaps the most interesting and encouraging. Unfortunately, however, success or failure depends upon trained, enthusiastic, experienced workers and these are not easy to obtain under the difficult conditions prevailing at the School.

## THE HONOUR SYSTEM.

It has been found that a period of time varying to two years is necessary to re-train lads to self-discipline. All lads want freedom, but freedom two years hence seems too far away to stimulate present action. Intermediate stimuli must therefore be given. To this end an honour system is gradually being introduced. When a young man has been three months in the School he is eligible for a star, which gives him the rank of lance-corporal. The possession of this means the granting of more privileges, less supervision and some responsibility. Later the lad will earn two stars to become a full corporal and three stars to become a sergeant. Each rank carries added privileges and more responsibilities. The summit is reached when a student gains his "blue"—a blue blazer—denoting him an independent factor within the School's limits. His time as a "blue" will likely be short, however, for, almost without realizing it, he has prepared himself for parole.

## PLACEMENT AND AFTER CARE.

Many lads cannot be returned to the environment in which they failed before coming to the School. Their placement elsewhere is a difficult matter. Space will not permit a detailed discussion of this phase of the work. It should be stated however that the School has an officer whose duty it is to place and supervise lads all over the Province. In this connection a tribute should be paid to the Children's Aid Societies who co-operate so generously in reporting on suitable or unsuitable homes or find boarding homes for the younger of our graduates. In addition tribute should be paid to the Big Brother Association who often prepare the home for the return of a student and continue a fatherly interest in the youth long after his return.

## CONCLUSION.

Much work is ahead if the wayward youths of our Province are to obtain that help to which they are entitled and which will lighten the burden thrust upon our prisons and reformatories. Trained workers are badly needed in such schools as Victoria. More and modern schools are required so that more careful segregation of age groups can be carried out. Finally the backing of a well-informed public is necessary. These schools should be freed from the stigma of penal institutions, a handicap under which they have struggled unfairly for too many years. They should be regarded instead in their fundamental nature, as specialized phases of the educational assets of the Province.

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## A RECENT REPORT ON A SPRING CONFERENCE

*(Continued from page 19)*

be reached, yet the exchange of ideas and the stimulus which results from contact with like-minded people would be of lasting benefit to the delegates." The Regina Leader-Post in an editorial, commented on this as follows:—"These are times in which social problems crowd in upon Governments and the public for solution. They cannot be escaped, cannot be side-tracked. They might as well be faced, all with a view to finding a well-based solution for them. The Conference, then, is very much in order, and it is to the credit of the Regina Welfare Bureau that it is being arranged".

*(Forwarded by Miss Evelyn Caswell)*



## LEISURE TIME AND EDUCATIVE ACTIVITIES

### UNIVERSITY EXTENSION IN CANADA

W. J. DUNLOP, B.A., B. PAED.

Director, University Extension, University of Toronto.

Have you ever thought of a university as a fountain of knowledge? It is rather an old simile. In a university, knowledge is dispensed—through teaching. But in a university knowledge is also discovered—through research. That fountain of knowledge is walled in—by academic entrance requirements. University Extension is the system of piping by which the water from the fountain is carried out to those who cannot enter.

Some cannot reach the fountain of knowledge because they have not the required academic standing and are too old to get it; others because they are incapable, or think they are incapable, of studying successfully such subjects as languages and mathematics, but most people are barred because they must work to make a living for themselves and their dependants.

A university has four main functions: *dispensing* knowledge, (teaching); *increasing* knowledge, (research); *preserving* knowledge, (publication of books containing results of research and storing of these in its library); and *diffusing* knowledge wherever it is desired by those who cannot enter, (University Extension).

Probably the oldest form of University Extension—and the simplest—is the extension lecture. A few people in a town or village, more or less remote from a university, invite a professor to come and tell them what he knows about some designated topic. In early years they often expected him to pay his own travelling expenses; now they usually meet these and pay a small fee as well. Most, if not all, of the eighteen universities in Canada provide extension lectures of this kind.

Underlying university extension service are, or should be, two fundamental principles: first, that the instruction provided should always be of university standard; and, second, that extension courses should be neither "sold" nor foisted upon people who do not want them. Universities should not compete with the secondary schools by offering evening classes of the same grade in the same subjects nor should they in any respect invade the field of the vocational, high, or public schools. Interest lies at the root of all successful instruction and, if the citizens of any locality do not wish to have a class established there, no attempt should be made to force one upon them. Indeed, it is safer to await requests for instruction rather than to invite them.

#### TYPICAL DEVELOPMENTS.

Teachers of elementary and secondary schools are, naturally, those who are first to approach university authorities to ask for extension

service. In their own interests and in the interests of their pupils they need and desire the best education they can afford. Universities, on the other hand, realize that, when they assist teachers, they also assist the boys and girls who are taught. It is generally agreed that Queen's University, Kingston, Ontario, was the first to offer special facilities by means of which teachers and others in similar positions could proceed to a degree without giving up their regular duties. That was in 1889 and, until 1909, it was possible to complete the work for the degree entirely by correspondence, without attendance even at Summer Sessions; now nearly half of an Arts course may be covered by correspondence only. The University of Toronto yielded to the requests of teachers and established a Summer Session in 1909; in 1916, a Teachers' Course was organized but attendance, either in evening classes or in summer sessions, has always been insisted upon—correspondence courses are not recognized except as preparation for formal lectures in any subject. Universities in Western Canada found it necessary and desirable to establish courses of this kind; the other universities in Ontario did the same; and now the practice is fairly general throughout Canada. Teachers do not always ask that the instruction they take should count towards a degree but they usually do. And they are quite right. So long as school boards and educational authorities, generally, demand the degree as a mark of ability, achievement, and efficiency, just so long are teachers entitled to the means by which they may attain it. Teachers have never been known to ask that university standards be lowered for them; they ask merely that university courses in Arts be made accessible to them at times when they are free to take them. Some people hesitate to include this work for teachers under the term "adult education". One wonders what they would call it. If university degrees were demanded in other walks of life as essential for promotion or for increased remuneration, all forms of adult education would lead to university credit.

In Ontario the second occupational group to ask for the benefit of university extension service was the trade union. Labour leaders and university professors conferred for the purpose of establishing, in 1918, a Workers' Educational Association, modelled on the organization of the same name which had begun work in Great Britain in 1903. The "W.E.A.", as it is always called, is one form of University Extension and it is closer to the universities, in this country, than it is anywhere else in the world. Here it has its own name, its own charter, its own officers and board of management, (always with universities represented) because the workingmen and women are interested only in an organization in the conduct of whose affairs they have a voice and a vote. In many countries the W.E.A. has been lost to the workers because other people have been allowed to enter the classes and the workers have withdrawn. Professional and business people, when they attend classes, seem to wish to get as much information as possible; workingmen and women wish to discuss what is presented and to set forth their own views. The first try to get knowledge into their notebooks; the second try to get it into their heads. The two types of students cannot successfully be taught in the same class. Years ago this fact was clearly demonstrated in the Ontario W.E.A. and a rule was made that only workers, organized or unorganized, could be admitted to these classes. This regulation has been rigidly maintained. As a result, the Workers' Educational Association has become one of the



most important phases of University Extension. The subjects of instruction chiefly in demand are economics, psychology, English literature, public speaking, and English composition. During the session of 1933-34, there were more than 1700 students in W.E.A. classes in fifteen localities in Ontario. Efforts to establish similar organizations are under way in British Columbia, Alberta, Saskatchewan, and Quebec.

When professional and business people were excluded from W.E.A. classes, it became necessary to form other classes for them. These evening tutorial classes, as they are called, have become a special feature of the extension service of the University of Toronto, which provides them in any urban centre in Ontario where forty adults undertake to study the same subject. The fee is ordinarily \$5.00 for the session's work, that is, for one night a week for twenty weeks, while in the W.E.A. the fee is \$2.00. Nearly two thousand adults attended these tutorial classes last session and the number continues to grow. There are no examinations, no certificates, or degrees. The principal subjects are English literature, economics, psychology, conversational French, journalism, public speaking, accounting, advertising, art, music, English diction, science, drama, parent education, German, Italian, Spanish, and Esperanto, with many others included.

In the Mountain Sanatorium for tubercular patients, which is situated near Hamilton, the Department of University Extension of the University of Toronto established a class and called it a W.E.A. class because those who actually sat in the classroom were firemen, gardeners, orderlies and other workmen in the institution; the nurses were allowed as visitors. The instructor wore a microphone on his coat lapel and every one of the five hundred patients who were strong enough to do so listened through the ear-phones which are standard equipment on each bed. This class was continued throughout the session with an average audience, visible and invisible, of between five and six hundred each week. To add to the educational facilities of this institution a direct telephone wire was installed between it and McMaster University, some three miles away, and lectures, for university credit, were listened to by those patients who were eligible for entrance to the University.

On the northern border of Toronto there is a thickly populated area known as York Township, with thousands of people, young and old, on relief. In that area there are three large Collegiate Institutes. The University of Toronto, in co-operation with the Ontario Department of Education, is giving in the auditorium of each Collegiate Institute a series of twelve fortnightly lectures, free to all adults. Each lecture is followed by general discussion and a study group is formed to follow up the work in weekly meetings. Lists of books are distributed and these are available in near-by libraries. The first response to this experiment in University Extension was a total audience of more than one thousand.

#### PROVINCIAL VARIATIONS.

Most interesting it is to see how the activities of University Extension differ in the various Provinces. For example, the Universities of Ontario have not, as yet, made much progress in supplying education to farmers, while in some Provinces, west and east, farmers' classes are a special feature.

The University of British Columbia provides classes for teachers, short courses in agriculture, lectures in mining subjects, extension lectures, and radio addresses.

A most extensive service is given by the University of Alberta in radio lectures and musical programmes, distribution of circulars and bulletins on agricultural topics, package libraries, assistance for debaters, conferences and short courses, lantern slides, drama, extension lectures, and art exhibits. In many respects the University of Alberta has been a vigorous pioneer in University Extension; the people of that Province seem to realize fully that they own their university—and they look to it for service.

In the University of Saskatchewan the extension services are largely agricultural. Musical festivals, Homemaker's Clubs, school fairs, correspondence courses, summer schools, night classes, farm schools, and demonstrations, rural field days, farm camps, community rallies, extension lectures, are special features. The Department of Extension of the University of Saskatchewan has a wonderful hold on its constituency.

The University of Toronto has teachers' classes, summer sessions, evening tutorial classes, Workers' Educational Association classes, extension lectures, public lectures, courses for credit men, life insurance men, purchasing agents, accountants' organizations, and farmers; and also radio lectures and a few correspondence courses.

Queen's University has summer sessions, correspondence courses, Workers' Educational Association classes, public lectures and extension lectures, courses for bankers and prospective chartered accountants.

There are offered by the University of Western Ontario late afternoon and evening credit and non-credit classes; courses in English, current events, and economics; extension lectures; radio programmes; courses in parent education and vocational guidance; summer sessions; public lectures; and Workers' Educational Association classes.

McMaster University offers teachers' classes and evening classes for business men and others; Workers' Educational Association classes; extension lectures; special courses in art and music at outside centres, and a special art programme.

The University of Ottawa has teachers' classes and extension lectures.

McGill University supplies extension and extra-mural courses; lyceum lectures; lantern slides; gramophone records; radio lectures; extension lectures; courses for the Board of Trade, for the Hebrew Adult Education Association, and for the Women's Institutes. It co-operates with the Canadian Handicraft Guild and with the University of Montreal. McGill also provides travelling libraries and has an extension service in theology and in agriculture.

The University of New Brunswick provides public lectures, extension lectures, and radio lectures.

Most astonishing of all is the remarkable development of a widespread extension service conducted, especially since 1928, by St. Francis Xavier University in Antigonish, Nova Scotia. This work is carried on chiefly in the seven eastern counties of the Province among farmers, fishermen, miners, and steel workers. Social and economic sciences,

labour problems, co-operative business, marketing, and industry are studied by the men; homemaking problems, health, rural recreation, and handicrafts occupy the attention of the women. There are nearly one thousand study clubs. A semi-monthly extension bulletin, an open shelf library, material for debates, package libraries, a debating league, public speaking contests, are special features.

Such is, in brief outline, an admittedly inadequate sketch of extension work in the Universities of Canada. The summaries have been gleaned from reports presented at the Symposium on Adult Education which was held at the University of Toronto in May, 1934. A few universities did not report on that occasion but it is probable that these engage in some form of University Extension; in this modern world no university can very well evade this duty even if it wished to do so.

#### THE CHALLENGE.

Universities are sensitive to public opinion; they are readily responsive to public demands. In the provision of extension service they rarely act until they are asked to do so and in this they are quite right. There should be interest on the part of the public, even enthusiasm, before a university moves to supply what is asked for. But when the request is made, if it is a request with which a university may properly comply, modern public opinion requires that the university act promptly.

University Extension is the part which the Universities are expected to take in that relatively young but increasingly powerful movement known as Adult Education. In this modern innovation, government departments of education have their part to play also. And a great work most of them are doing. Voluntary agencies of many types are performing a service to the community which provincial organizations cannot very well undertake. Every library is a centre of adult education. From Prince Edward Island to British Columbia, Adult Education is spreading over Canada like a prairie fire, and Departments of University Extension will have an enlarging service to render during the years ahead.

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#### VANCOUVER COUNCIL OF WOMEN DEMONSTRATES SUCCESSFUL SELF HELP PROJECT.

How the Vancouver Council of Women has helped to lighten the load of depression for women of Vancouver by drawing interested groups together in community self help units, is told in a news note from Mrs. F. S. Nowlan, Convener of the Economics Committee of the Vancouver Local Council

The project was initiated to provide substitute interests for the normal recreational activities denied to so many families as a result of economic conditions. Mrs. Nowlan says:

"The Council has sought to stimulate morale by promoting social intercourse, and by providing opportunities for healthful activity and recreation. Many mothers able and willing by their own industry to supplement the meager amount of money available for clothing and household furnishing have been made happy and comfortable by the gift of materials.

"The first step was the holding of a meeting for mothers in the school of a selected district. An entertaining programme was presented. A plan was then outlined for neighbourly co-operation. The plea was made that everyone had something to give and if each one gave of her talent, no matter how small, the lot of the whole would be improved.

"For the purpose of convenience, the mothers were asked to form themselves into groups of from eight to twelve, according to the activity they wished to engage in. These activities included knitting, quilt making, rug making, dressmaking, etc. The more proficient members of the group helped teach the less skilled, and a woman interested in some special activity, who had volunteered her services, was appointed to each group. It was arranged that these small groups would meet once a month and that large monthly meetings would be devoted to music, speeches on various subjects and a social hour.

"At the small meetings, held in the home of some member, they worked together and discussed their personal problems in a spirit of mutual helpfulness, and at these meetings an effort was made to discover the needs of the various families represented in the group.

"As far as possible raw material was provided for each mother on the basis of a minimum requirement, (in wool for instance) of one sweater and two pair of stockings for each child. The mothers make these garments for their own children. Their morale is strengthened by sympathy and encouragement and the pleasure of actual achievement. A surprisingly large number of these mothers at the start were uninterested in knitting or sewing. They were also able to have very fine garments at less cost than shoddy machine made stuff.

"All mothers are asked to register at the large monthly meetings. Their homes are later visited and a note is made of the size of their families and other pertinent matters so that there will be a real personal touch.

"At Christmas time, a party was held. There have been two exhibitions of work done by the various groups. Educational exhibits were also displayed of clothing designed to instruct and assist the younger members of the family in self help at the earliest possible age.

"All our raw materials have been donated. In many cases it was material that might otherwise have been wasted. The patches for the quilts were donated, as were the sacks for the lining, and fleeces of wool from the farmers for the filling. Seeds for planting gardens were given to all interested. Co-operation and response among workers and mothers has been very encouraging.

"If the average woman could realize that she has something she can give, and that no matter how small and worthless it may seem to her, it would be valuable to someone else, and offer it, the work could grow into such proportions as to be of lasting good to those that give and those that receive.

# FRENCH-SPEAKING SERVICES

## PUBLIC HEALTH AND PUBLIC CHARITIES

### IN THE PROVINCE OF QUEBEC

DR. ALPHONSE LESSARD  
Director of Public Assistance and of the Provincial Health Service.

Complying with the request of "Child and Family Welfare" a brief summary is offered herewith of Quebec's present problems in public health and welfare, and of the measures taken to meet them, together with some measurement of the result.

Again and again the contention is advanced that the preservation of its human resources is the first obligation of a government. On the whole, the responsible authorities, in most countries, some readily, others more tardily, have now accepted the responsibility as one of their primary functions.

QUEBEC, 1921.

Up until the opening of the last decade, the Province of Quebec followed (and that from afar) rather than led in this crusade. But what was to be done about it? We were not a wealthy people, so much was involved in assuring the survival of things that were precious to us; the birth-rate was such that the annual squandering of a great number of lives did not greatly impress us; we rested back upon our institutions, and the devotion of the laity, and upon our incomparable charitable organizations, for the relief of human suffering and the reduction of death's further ravages; in short, when we drew comparisons with what certain other provinces and countries were doing, we could but admit humiliation, at the inferiority of our own position.

One example will suffice. Ten years ago the annual mortality, from tuberculosis took 4000 lives; we had a maximum provision of 400 beds for tuberculous patients. Each year 11,000 to 12,000 children under one year of age followed the path to our cemeteries, thus ranking our province among those countries which failed to impress upon their peoples the importance of saving child life. Contagious diseases were ravaging the population due to the negligence of some of the public authorities, and the prejudices and the complete lack of a sense of public conscience in other quarters.

A supreme effort was necessary to combat such a situation. That effort was undertaken: it is continuing, and, without contending that Quebec to-day enjoys a perfect system of public health services, it may be advanced, without fear of contradiction, that the progress of the last ten years has been such as to excite the commendation of all those interested in public health, in other provinces and countries. We have had the leadership of pioneers, among whom just one might be mentioned, Arthur Rousseau, whose broad intelligence, unfailing patriotism, and clear vision of the future made him the father and inspiration of certain public services that will be undying monuments to his memory.

Public opinion, stimulated by the leadership of the social services and governmental officials, accepted the necessity of immediate and



effective action, and the public authorities, recognizing their fundamental obligations, enacted new enabling legislation, under which in the last decade, two provincial systems of protection for the well of the province have been evolved—the Public Welfare Services, and the Provincial Public Health Service.

#### THE PUBLIC CHARITIES.

Prior to 1922, of course, the larger cities were equipped with hospitals, of which those in Montreal and Quebec, pledged also to university teaching, gave adequate assurance of scientific safeguards, but aside from these institutions, there was a dearth of facilities. The public authority did so little ! For years, in scattered grants of \$100.00, \$200.00, and \$300.00, it had distributed annually a total sum of \$73,000.00, and the hospitals, dependent otherwise upon private philanthropy, were faced with financial problems of increasing gravity, due to the requirements of scientific progress. The resultant situation raised in their minds, and those of the seriously thinking public, the question of whether, compared with the generously aided institutions of other provinces, they were to be faced inevitably with acceptance of a position of inferior equipment and standards.

The advent of public assistance changed everything. Space prohibits details but it may be enough to record that the amount of public aid to the hospitalization of the indigent, and to charitable agencies has increased from \$1,000,000.00 in 1921-22 to over \$6,000,000.00 in 1933-4. The province lacked sufficient beds for the sick, the aged and the orphaned, but in the last ten years the province has guaranteed loans exceeding \$20,000,000.00 for various charitable institutions, thus assuring the construction or enlargement of such undertakings as the Hospital of the Saint Sacrament, and the l'Enfant Jesus in Quebec; the Notre Dame, St. Luke's, and the Joan of Arc Hospital in Montreal; the general hospitals of Chicoutimi, Gaspé, Rimouski, Rivière du Loup, Thetford Mines, Valleyfield, Hull, and many other smaller ones.

We had 400 beds for tuberculous patients in 1923; we now have 1900—still an insufficient number—due to construction at Laval Hospital, Lake Edward, Cartierville and Cook Sanatorium, and improvements in local hospitals.

Orphanages like those at Chicoutimi, Lauzon, Rivière du Loup, Mont Laurier and Liesse have erected new buildings, and in different districts the aged have found new doors open to receive them.

Welfare services for maternal and infant care were struggling for existence; they have been substantially assisted; and new ones created, to act as effective auxiliaries to the official programme.

In a word, the whole provincial outlook in charitable endeavour has been changed. We have still a long way to go, but I would venture to say that to-day we can stand comparison with the best organized provinces in the Dominion and a great number of the United States.

#### THE PUBLIC HEALTH.

And as to the Provincial Health Service ? In 1922, the entire system was changed. The old Board of Health made way for the Provincial Health Service, a permanent organization directly responsible

to the provincial secretary, a change which gave an immediate and sustained impulse to the entire public health structure, and which has been reflected throughout the province.

A great health authority has enunciated the dictum that the public health is purchased, and purchased with money. In 1921, the province's annual expenditure on public health totalled \$125,000.00—an objective slowly and painfully reached from \$25,000.00; then \$50,000.00; and then \$75,000.00. Now it approximates \$1,000,000.00.

In this same year, a campaign was launched against a post-war social scourge of considerable extent—venereal disease. In 1923, anti-tuberculosis clinics were initiated and now number 20, with patients exceeding 30,000 seeking consultation annually.

In 1926, with the generous assistance of the Rockefeller Foundation, the first county health units were established, and this wonderful system of public health services, (of which examples are seen in the United States, in England and in France) has revolutionized rural health in our province. Thanks to this system, the general mortality has dropped from 15 per 1000 in 1926 to 10 per 1000 last year, and the nightmare of our infant mortality rate has fallen in the last 8 years, from 142 per 1000 living births to 94 in 1933. Mortality from contagious diseases has dropped 60%, and it is to be hoped that we shall never repeat 1927's sad experience when 469 children died of diphtheria, for systematic immunization in Health Unit areas under our medical officers has brought a drop to a number of 100 for the whole province. Tuberculosis mortality last year dropped by 6 points, and we can confidently envisage the day when this national social plague will no longer strike through our population as it did years ago. Investigation services are organized over a broad front, and side by side with the district dispensaries, mobile clinics with chest diagnosticians tour the municipalities, served by the health units, seeking contacts, organizing preventive work, and generally providing health propaganda along lines unique to this province.

Added to these measures, there is the Grancher system of child placement in families, borrowed in 1929 from France, whereby children exposed to tuberculosis infection in the homes of our large urban centres are placed in selected rural homes. The system has been but partially developed yet, due to budget reductions forced by present financial conditions. If the anti-tuberculosis machinery is not yet complete, yet we are well on the highway towards it, and success will wait upon determination and persistence.

Adequate treatment of this subject would require space and statistics that might prove tedious. This brief summary represents an attempt to outline Quebec's progress in public health and welfare in the last decade. In this field, as in others, we attempt to be worthy of our land. It is through the protection of the public health that we safeguard the nation's strength and vigour, attributes of our ancestry that we must preserve if we are to prevail in the eternal combat for survival. From our own mottoes we derive inspiration; and ours is "to remember"—"to remember" that we must not degenerate.



## THE CHURCHES AND SOCIAL WORK

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### SOCIAL WORK IN THE CHURCH OF ENGLAND IN CANADA, 1933-4.

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A wide range of interests and activity, with much attention to the special problems arising from unemployment need in the drought areas of the West, was recorded in the Triennial Report of the Council for Social Service to the General Synod of the Church of England in Canada, which met in Montreal in September. The Council recorded its deep sense of the loss suffered by the whole

Church in Canada, on the death of Rev. Canon C. W. Vernon, its first and only General Secretary, and recorded its recognition of his leadership in fifteen years of devoted service in a special resolution.

#### WELCOME AND WELFARE DEPARTMENT.

Although immigration has practically ceased, the increased need for general welfare work had added greatly to the activities of this department, the report showed. Much more had to be done for persons in all parts of Canada,—“families desiring to return to England whose relatives could support them; families in Canada desiring to bring out some member of their family but lacking funds; families in the West in the dried out area needing advice as to where to secure clothing; expectant mothers needing advice and assistance; unmarried mothers to plan for; families in the Old Land seeking news of missing husbands and sons; invalids assisted to return to the Old Land; many soldiers and their dependants helped and advised; vegetable seeds were secured for needy settlers in the Diocese of Caledonia. Flower seeds from his own garden were contributed by a clergyman in the Diocese of Algoma and distributed through this Department by the Sunday School by Post”.

#### WESTERN RELIEF.

Special appeals were issued in 1931, 1932 and 1933, for clothing and cash contributions. Ten per cent of the proceeds of the 1933 appeal was set aside for assistance to men in unemployment relief camps, the balance being used for general assistance to the drought stricken areas of the West, and to those families which have trekked from the dry areas to new pioneer settlements.

#### RELIEF CAMPS.

Under a co-operative agreement with the Ontario Government and representatives of other religious communions, three workers were placed by the Church of England for welfare work, to conduct religious services and to undertake work in the relief camps of Ontario.

#### IMMIGRATION AND SETTLEMENT.

“Probably for the first time in the history of Canadian immigration the tide of migration has been reversed”, the report stated, “the number

of former settlers who are returning—or are being returned—to their home lands being greater than the total number of new settlers". Consequently, the immigration and settlement work of the Council had altered greatly, the report showed, with much effort concentrated in assisting families returning to the Old Land. The Council's church hostels for boys in Western Canada were gradually being reduced. A study of placements of boys in the West, by the Church of England in Canada, showed that boy settlement work had proved more successful than even the settlement of British families or single men. The Church of England had joined with other churches of the Dominion of Canada in exploring the possibilities of forming a Council of Churches of British Migration with the object of bringing forward constructive ideas on migration and colonization, of stimulating interest in British settlement, and of assuring both British and Canadian governmental authorities of the active interest and support of an important and responsible body.

#### ONTARIO SURVEY OF PROBLEMS OF GIRL LIFE.

In co-operation with the Canadian Council on Child and Family Welfare, a special study was made of problems of girl life in the Ecclesiastical Province of Ontario. A report was published, embodying the conclusions of the survey, and containing a compilation of the information secured.

#### PENAL REFORM.

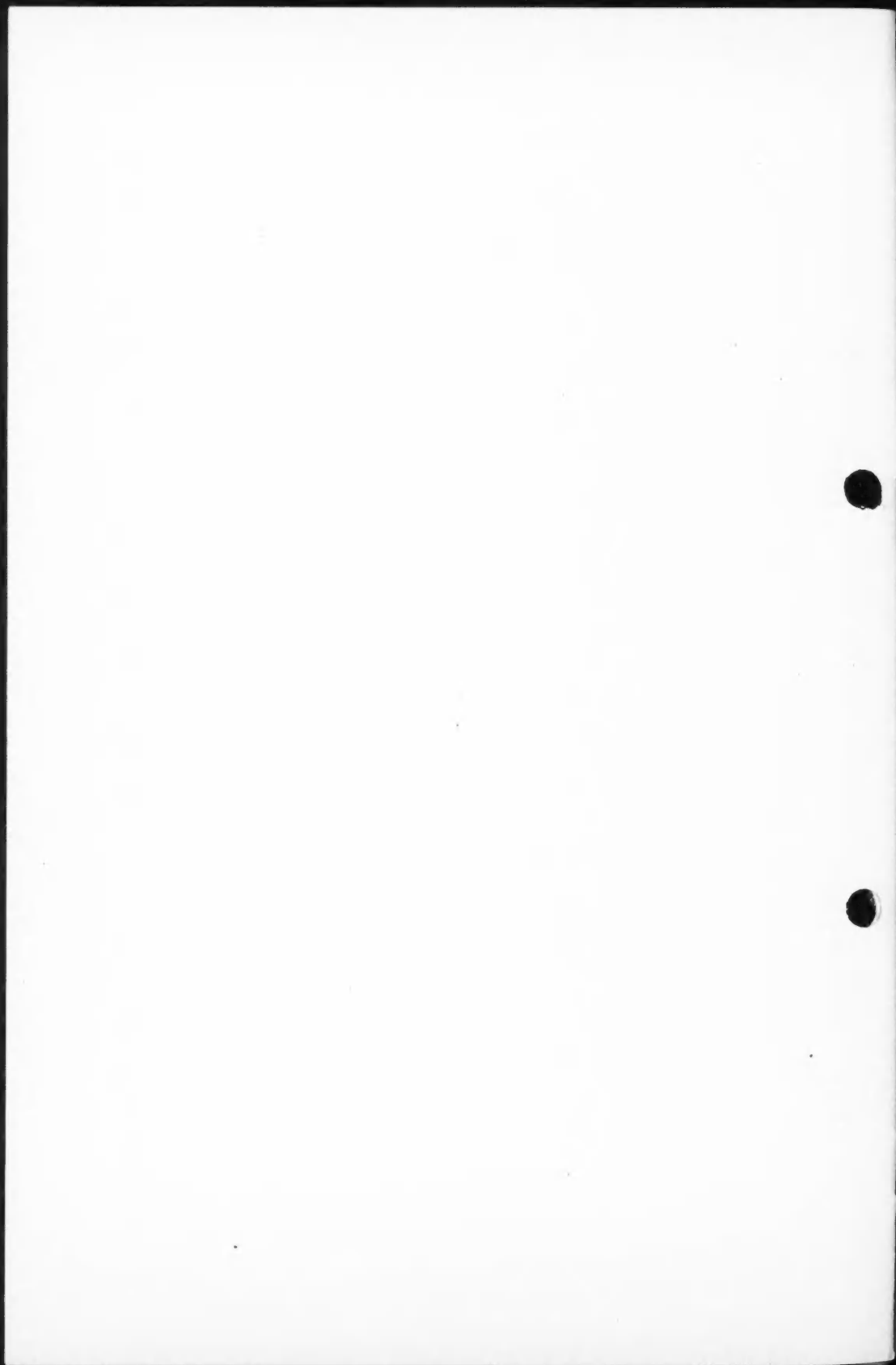
The Council had interested itself in the question of penal reform and the investigation of Canadian penitentiaries, the report indicated, and at its last meeting had recommended that a thorough investigation and study should be made by an independent and representative commission of all the penal and reformatory institutions in Canada, and of the entire system dealing with delinquents and criminals; that careful consideration should be given to the findings of the Royal Commission of 1914, and of the committee of 1921; and that the English Adult Probation System, and the so-called Borstal System, should be carefully considered, with a view to their adoption in Canada. The report stated that the late General Secretary had headed a delegation from the Social Service Council of Canada to wait on the Premier and the Minister of Justice with these recommendations, and had obtained permission from the Minister of Justice to visit the various penitentiaries in the autumn of 1933. It was noted that various reforms had been instituted within the past year, and that a greater effort would probably be made in the future to assist the men with training and education while in custody.

#### CANON VERNON'S SUCCESSOR.

A special committee has been appointed by the Synod to report upon the appointment of a General Secretary for the Council of Social Service.







(Continued from inside front cover)

- No. 55. The Non-Academic Child.  
No. 56. Protection Against Diphtheria.  
No. 57. You Wanted to Know Something About the Canadian Council on Child and Family Welfare. (Published in French also). (English out of print).  
No. 57A. The Canadian Council on Child and Family Welfare. (Revised edition (1934) of No. 57).  
No. 58. Social Service Exchange.  
\*No. 59. Relief and the Standard Budget.  
No. 60. Helping People in Need.  
Record Form and Instructions, (designed for use in the present unemployment situation).  
No. 61. Boys in Trouble.  
No. 62. "In Times Like These" (Suggestions for the organization of community welfare and relief services.  
Supplement A—The Actual Provision of Relief.  
Supplement B—The Organization of Special Services for Problems of a Particular Type.  
Supplement C—The Organization of Relief Work Programmes.  
No. 63. The Visiting Housekeeper.  
No. 64. The Central Bureau in the Catholic Welfare Programme.  
No. 65. The Day Nursery in the Programme of Child Care.  
No. 66. Sample Food Budgets and reprints of the Section on Menus and Budgets.  
No. 67. Fair Time for the Nurse.  
No. 68. Posture, Body mechanics.  
No. 69. Ophthalmia Neonatorum. (Babies' Sore Eyes).  
No. 70. The Bewildered Community To-day—Canada, 1934.

**Reprints**

- (1) Some Considerations re Health Insurance.  
(2) Some Considerations re Unemployment Insurance.  
(3) Administration of Clothing Relief.  
(4) Activities of the Department of Public Welfare, Toronto.  
(5) Child Protection in England and Wales.  
(6) The Essentials of a Relief Programme for Canada.

L.T.A. Publ'n No. 1-12. Recreation Bulletins dealing with various phases of recreation are available on request  
L. T. A. Publ'n. No. 13. Community Gardens.

**Charts—(Wall Size)—**

- Nos. 1, 7, 10, 14. Infant Mortality Rates in Sixty Canadian cities (Statistics 1924, 1925, 1926, 1928).  
Nos. 9, 12, 16. Is your District Safe for Babies? (Rural Infant Mortality Rates, 1925, 1926, 1928).  
Nos. 17A-B-C. Does Your City Lose Its Babies? Statistical Report of Infant Mortality in Cities of Canada. (Five Year comparison, 1925-30). 1932.  
Nos. 2, 8, 11, 15. Why Our Babies Die. (Statistics, 1925, 1926, 1927, 1928).  
\*No. 4. Illiteracy Breeds Illiteracy, 1921 Census.  
No. 6. Child Placing is Child Saving.  
No. 5. The Vicious Treadmill (Illiteracy in Cities—1921 Census).

\*No. 13. A Blot on the Map of Canada: (English and French)

- Posters (at cost)—**No. 1. "The Gay Adventurers." No. 4. "Baby's Stomach is Very Small."  
No. 2. "The Protection of the Child." No. 5. "Have You a Clean Bill of Health."  
No. 3. "Every Canadian's Heritage." No. 6. "The Porridge Party."  
No. 7. "The Sun Baby."

**Pre-Natal Letters—**(In English and French). A series of nine letters giving pre-natal help and advice. (Free).

**Post-Natal Letters—**(In English and French)—A series of seventeen letters giving post-natal help and advice. (Free).

**Pre-School Letters—**(In English)—Five series of 17 letters, covering the years from one to six in the child's life. Child Welfare Problems in Habit Formation and Training—(A series of six pamphlets). (Free).

**Patterns—**Layette Patterns and Patterns for Abdominal and Hose Supports. (At cost).

**Diet Folders—**Series 1, 2, 3, 4, 5—dealing with the child's diet from birth to school age. (At cost).

**Health Record Forms—**For the use of physicians, clinics, conferences, etc. (At cost).

**Record Forms—**(1) Child's History. (2) Family History. For the use of children's agencies, institutions, etc. (At cost). (3) Physical Record Forms for Institutions. (At cost).

**Annually—**Proceedings and Papers of the Annual Meeting and Conference.

**Official Organ—**"Child and Family Welfare," issued bi-monthly.